



HMO Covered CA Health Plan **2024**



Name

Identification

Plan

Preventive OV:

Network

PCP OV:

Primary Care Provider (PCP)

Specialist OV:

Emergency:

Urgent Care:

Rx:

PCP Office Phone Number

RxGroup# VHXB

RxBIN# 610602

RxPCN# NVT

Group # VHP01

Deductible & Max. Out of Pocket visit

www.valleyhealthplan.org

For more information, please visit www.valleyhealthplan.org
VHP Member Portal www.vhpconnect.org

TTY 711

VHP Member Services.....	1.888.421.8444
24/7 Nurse Advice Line.....	1.855.348.9119
Navitus Customer Care.....	1.866.333.2757
MDLIVE Telehealth.....	1.888.467.4614

Providers:

PMGSJ Providers Claims Status.....www.pmgmd.com

Submit PMGSJ claims to: PMGSJ Claims, P.O. Box 1997, San Leandro, CA 94577

VHP Claims Status.....[1.408.885.4563](tel:1.408.885.4563)

Electronic Non-PMGSJ Professional, Facility & Out-of-Area Claims to: UHIN | Payor ID: VHP01

Submit Non-PMGSJ & Out-of-Area Claims to VHP Claims, P.O. Box 26160, San Jose, CA 95159

VHP Provider Portal www.vhpaccess.org

PMGSJ par hospitals, use online portal www.pmgmd.com or fax authorization to 1.408.937.3637
For VHP non-par or Out-of-Area hospitals, call 1.855.254.8264.

Call 911 in the case of an emergency.